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*CD 10/11*

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of PCT/DE02/00063 01/10/2002

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 101 07 144.2 02/15/2001

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>CD</i>				

**ADDRESS**  
 24131

**TITLE**

Unit for determining the sampling phase

<b>FILING FEE RECEIVED</b> 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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